

## Discharge Health Summary



<i>Patient Name</i>	<i>Inmate Number</i>	<i>Booking Number</i>	<i>Date of Birth</i>	<i>Today's Date</i>
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Transferring Facility: \_\_\_\_\_

DATE OF LAST H & P: \_\_\_\_\_

DATE OF LAST PPD: \_\_\_\_\_ RESULTS \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

CURRENT HEALTH PROBLEMS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICATIONS: (NAME, DOSAGE, FREQUENCY, DURATION) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ASSISTIVE DEVICES/PROSTHETICS: \_\_\_\_\_

\_\_\_\_\_

GLASSES: \_\_\_\_\_

FOLLOW UP CARE NEEDED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND ALL OF THE INSTRUCTIONS GIVEN TO ME AND HAVE RECEIVED A COPY THEREOF. I HAVE BEEN INSTRUCTED TO CONTACT MY PRIMARY CARE PHYSICIAN AS SOON AS POSSIBLE FOR CONTINUED MEDICAL CARE IF INDICATED. I DO NOT HAVE ANY FURTHER QUESTIONS AT THIS TIME.

PT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_



# MEDICATION HANDLING UPON RELEASE ACKNOWLEDGMENT FORM



<i>Patient Name</i>	<i>Inmate Number</i>	<i>Booking Number</i>	<i>Date of Birth</i>	<i>Today's Date</i>
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Medication & Strength	Instructions	Qty	PT Initials Rcvd

is in receipt of a \_\_\_\_\_ day supply of medication for continuity of care upon his/her leaving the facility. The medication supplied is contained in a blister packet that does not have child proof or child resistant mechanisms. **The packet of medication must be kept out of reach and away from children at all times, and it is the responsibility of the above named individual to secure the medication from the reach/access of children.** This medication was prescribed to the individual named above, and may only be taken by him/her. Consumption of the medication by anyone other than the named individual is strictly forbidden by federal and state law, and could result in serious, life threatening or fatal consequences if an unauthorized person consumes the medication. Such risk is elevated for children.

## Patient Acknowledgment

I, \_\_\_\_\_, understand that the medication provided to me upon my leaving this facility is not contained in child proof or child resistant packaging. I understand that it is my responsibility to store this medication out of reach and away from children at all times. I further understand that the medication was prescribed for me at an adult level dosage, and consumption of this medication by a child could be serious, life-threatening or fatal. I have read all of the above information, and I understand that if I have questions, I may personally, or through my case manager or attorney, direct questions to CCS. I agree that CCS and \_\_\_\_\_ will not be liable, and I assume all responsibility for securing the medication from the reach of children upon my release/discharge.

\_\_\_\_\_  
Signature of Patient

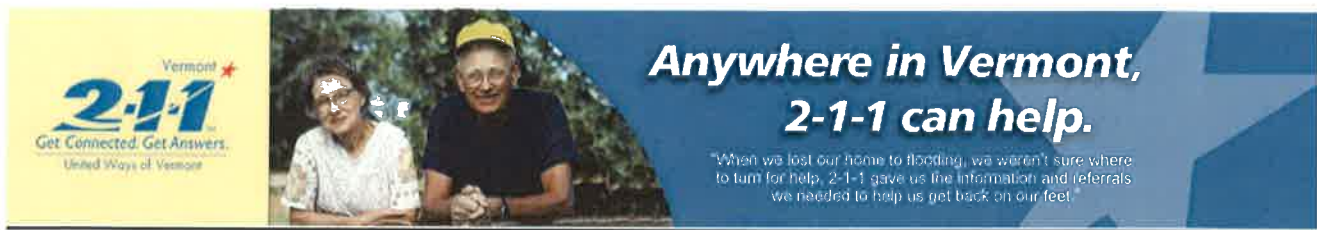
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Name of Witness)





**Do you need help finding help?  
Looking for help with everyday needs?  
Are you facing difficult times and are not sure where to turn?**

**Dialing 2-1-1 is your first step! By dialing 2-1-1, information is much easier to find! Vermont 2-1-1 is a simple number to dial for information about health and human service organizations in your community. (Also available online at [www.vermont211.org](http://www.vermont211.org))**

Vermont 2-1-1 provides all people in Vermont with free access to community resources through information and referral (I&R) . This access includes personal assistance by telephone and online through a searchable database of services, including the following:

- Child Care Resource and Referral
- Clothing and Thrift Shops
- Consumer Services
- Crisis Services
- Discrimination Assistance
- Domestic and Sexual Violence Services
- Education—GED Instruction, Computer Classes
- Employment Services
- Food Shelves and Nutrition Programs
- Health Care Services
- Alcohol and Drug Programs
- Housing—Homeless Prevention, Shelter, Tenants' Rights
- Independent Living Services
- Legal Assistance
- Mental Health Care and Counseling
- Mentoring
- Military, Family and Community Network
- Parenting Programs
- Senior Information & Assistance
- Stop Smoking Programs
- Support Groups
- Transportation
- Utility Assistance
- Youth and Family Services
- Veteran Services
- Volunteering
- Wellness Programs

**And More... Just dial 2-1-1!**